

**Annual Report of Guardian
on Condition of Ward**

CASE NUMBER

**IN THE MATTER OF THE
GUARDIANSHIP/CONSERVATORSHIP OF**

(Ward)

I, the undersigned, represent that I am the guardian/conservator of the above named ward, and that my annual report to the court is as follows:

1. Present age of ward: _____ Date of birth: _____

2. Current address of ward: _____

3. Ward's residence is:

_____ own home _____ guardian's home _____ other: _____
_____ nursing home _____ hospital or medical facility
_____ foster or boarding home _____ relative's home _____
(Relationship)

4. Ward has been in present residence since _____. If moved within past year, state reasons for change: _____

5. During the past year, how many times and on what dates did you see the ward? _____

6. During the past year, the ward's mental health has:

_____ remained about the same.
_____ improved. Describe: _____
_____ deteriorated. Describe: _____

7. During the past year, the ward's physical health has:

_____ remained about the same.
_____ improved. Describe: _____
_____ deteriorated. Describe: _____

8. During the past year, the ward has been treated or evaluated by the following:
____ Physician. Name: _____
____ Psychiatrist. Name: _____
____ Social or other case worker. Name: _____
____ Dentist. Name: _____
9. Ward _____ is _____ is not under regular physician's care.
Physician's Name: _____
10. Social conditions: During the past year, the ward has participated in the following activities:
Describe.
____ Recreational: _____
____ Educational: _____
____ Social: _____
____ Occupational: _____
____ None available.
____ Refuses or unable to participate.
11. As guardian, I rate my ward's living arrangements as:
____ excellent.
____ average.
____ below average. If below average, explain: _____

12. As guardian, I believe my ward is:
____ content with living situation.
____ unhappy with living situation.
13. As guardian, I believe my ward has the following needs that have not been met:
14. The guardianship should be continued for the following reasons:
____ Ward is still a minor.
____ Ward's condition requires continuation of guardianship.
15. I _____ do _____ do not have possession or control of the ward's estate. If yes, my accounting is attached.

DATE: _____ GUARDIAN/CONSERVATOR: _____

(Telephone No.)